

REPORTING

QUESTION #3

Due Diligence Review Form

Due diligence refers to the process through which LRG researches an organization's financial and organizational health and capacity. The due diligence process is not an audit or a guarantee of an organization's financial health or capacity. It is a review of information provided by a grant applicant and other sources to make an informed funding decision.

1. How long has your organization been doing business?
2. How many employees does your organization have, both part time and full time?
3. What was your organizations total revenue in the most recent 12 month accounting period?
4. How many different funding sources does the total revenue listed in question #3 come from?
5. Does your organization have a current 501(c) 3 status from the Internal Revenue Service?
Yes ☐ No ☐
6. Has your organization done business under any other name or names within the last five years? Yes ☐ No ☐
 - a. If you answered yes to questions #6, list the names previously used.
7. Is your organization affiliated with or managed by any other organizations, such as a regional or national office? Yes ☐ No ☐
8. Does your organization receive management or financial assistance from other organizations? Yes ☐ No ☐
 - a. If yes, provide details.
9. Does your organization have written policies and procedures for accounting processes? Yes ☐ No ☐

If yes, please attach a copy of the table of contents of the written policies and procedures.
10. Does your organization have written policies and procedures for purchasing processes? Yes ☐ No ☐

If yes, please attach a copy of the table of contents of the written policies and procedures.
11. Does your organization have written policies and procedures for payroll process? Yes ☐ No ☐

If yes, please attach a copy of the table of contents of the written policies and procedures.

12. Which of the following best describes your organization's accounting system?

Manual ☐

Automated ☐

Both ☐

13. Does the accounting system identify the deposits and expenditures of program funds for each and every grant separately? Yes ☐ No ☐ Not Sure ☐

14. If your organization has multiple programs within a grant, does the accounting system record the expenditures for each and every program separately by budget line items? Yes ☐ No ☐ Not sure ☐ Not Applicable ☐

15. Does the accounting system have a way to identify over-spending of grant funds? Yes ☐ No ☐ Not sure ☐

16. If grant funds are mixed with other funds, can the grant expenses be easily identified? Yes ☐ No ☐ Not sure ☐

17. Has an independent certified public accountant ever examine the organization's financial statements? Yes ☐ No ☐ Not sure ☐

18. Has any debt been incurred in the last six months? Yes ☐ No ☐

a. If yes, what was the reason for the new debt?

b. What is the funding source for paying back the new debt?

19. What is the current amount of unrestricted funds compared to total revenues?

20. Are there any current or pending lawsuits against the organization? Yes ☐ No ☐

21. If yes, could there be an impact on the organization's financial position? Yes ☐ No or Not Applicable ☐

22. Has the organization lost any funding due to accountability issues, misuse, or fraud? Yes ☐ No ☐

If yes, please describe the situation, including when it occurred and whether issues have been corrected.

Logic Model and Evaluation

GOAL 1:

Activity Category	Number of individuals served/year	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
		•	•	
		•	•	
		•	•	

LIFE RESOURCES OF GEORGIA
PRELIMINARY GRANT APPLICATION
PART A – GENERAL INFORMATION

CENTER NAME: _____

YEAR CENTER BEGAN: _____

1. Affiliations: _____

2. Paid Staff Positions (Indicate FT or PT):

3. Volunteers:

a. Number: _____

b. Screening: _____

c. Training: _____

4. Funding: _____

5. Insurance: Attach certificate for General Liability and Ultrasound Coverage

6. Data Management Program: _____

7. Referrals Screened: YES or NO

8. Confidentiality: Attached.

9. Basic Services Provided:

_____ Options Info

_____ Abortion Facts

_____ Parenting through Adoption

_____ Single Parenting

- _____ 24/7 Hotline
- _____ Pregnancy Tests
- _____ Pre-Natal and Post-Natal Education
- _____ Material Aid
- _____ Mentoring Program
- _____ Post Abortion support
- _____ Abstinence education
- _____ STD/STI Information
- _____ Other: _____

10. Hours open:

Monday: _____ Hours: _____

Tuesday: _____ Hours: _____

Wed.: _____ Hours: _____

Thurs.: _____ Hours: _____

Friday: _____ Hours: _____

Sat.: _____ Hours: _____

11. A. Total number of clients served last year:

B. Total number of pregnancy tests performed last year:

Name

Title

Date

LIFE RESOURCES OF GEORGIA
PRELIMINARY GRANT APPLICATION
PART B – ULTRASOUND PROGRAM

1. What is the purpose of adding ultrasound to the services offered by your clinic?
2. What are the expected benefits of providing the ultrasound services?

3. Please provide details regarding the center's ultrasound program, including but not limited to the following: (Attach separate sheet)
 - A. Medical supervision
 - B. Nurse Manager (Paid staff or volunteer)
 - C. Number of nurses to be trained
 - D. Medical Personnel performing ultrasound
 - E. Hours ultrasound available per week
 - F. Client qualifications for ultrasound
 - G. Procedure to transition client from consultation room to ultrasound room
 - H. Follow-up procedure
4. Does your center have an ultrasound machine?
If not, when do you expect to receive it?
5. If your organization were to receive this grant, would you provide, on an annual basis, Life Resources of Georgia the same statistics that you provide focus on the family?

6. Why is your organization best-suited to receive this grant? (Attach separate sheet if needed.)

Name

Title

Date

LIFE RESOURCES OF GEORGIA GRANT

SITE VISIT

CENTER NAME:

DATE:

1. Description of location:

2. Description of facility:

3. Condition of facility:

4. Facility's ability to accommodate services offered:

5. Description of center's decor

6. Walk through client flow in center:

Completed by

Date

CENTER NAME:

LOCATION:

<u>CATEGORY</u>				
NEW CLIENTS				
POSITIVE PREGNANCY TESTS				
NEGATIVE PREGNANCY TESTS				
ULTRASOUNDS (IF APPLICABLE)				
ABORTION-MINDED CARRY TO TERM				

STATEWIDE CENTER STATISTICS

[illegible]